

TEXAS ADVENTIST SCHOOL SYSTEM
OFFICE OF EDUCATION

HOME SCHOOL STUDENT ON CAMPUS
APPLICATION / REGISTRATION

Student: _____ Grade: _____

Date of Birth: _____

Parent /
Guardian): _____

Address: _____

City	State	Zip
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Phone: _____

_____ agrees to provide a place for the above student to study with student accident insurance through Christian Educator's Trust. Personnel at _____ will keep attendance records.

_____ is not responsible for paying any fees to the Home Study entity nor is the school or personnel responsible for the above student's success or failure in the schooling program.

The charge for this service is _____ per month for ten (10) months, as approved by the school board.

Parent / Guardian
Date: _____

Principal / Board Chair